

Name
in
Full

Harrill Ann Brown

49
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at Halls Mill	Calvert
Date of death 1904 March 28	Years 65
Month	Days
Sex Female	Color or Race Calverton
Occupation	Where Residing if not at place of death
Married, Single or Widowed Maiden	Name of Wife or Husband now
Father's Name unknown	Father's Birthplace 920 Oneida
Mother's Maiden Name Sophia Hallie	Mother's Birthplace " " "
Name of person giving Information	How related to deceased 2nd child

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long

(154)

Immediate

How long

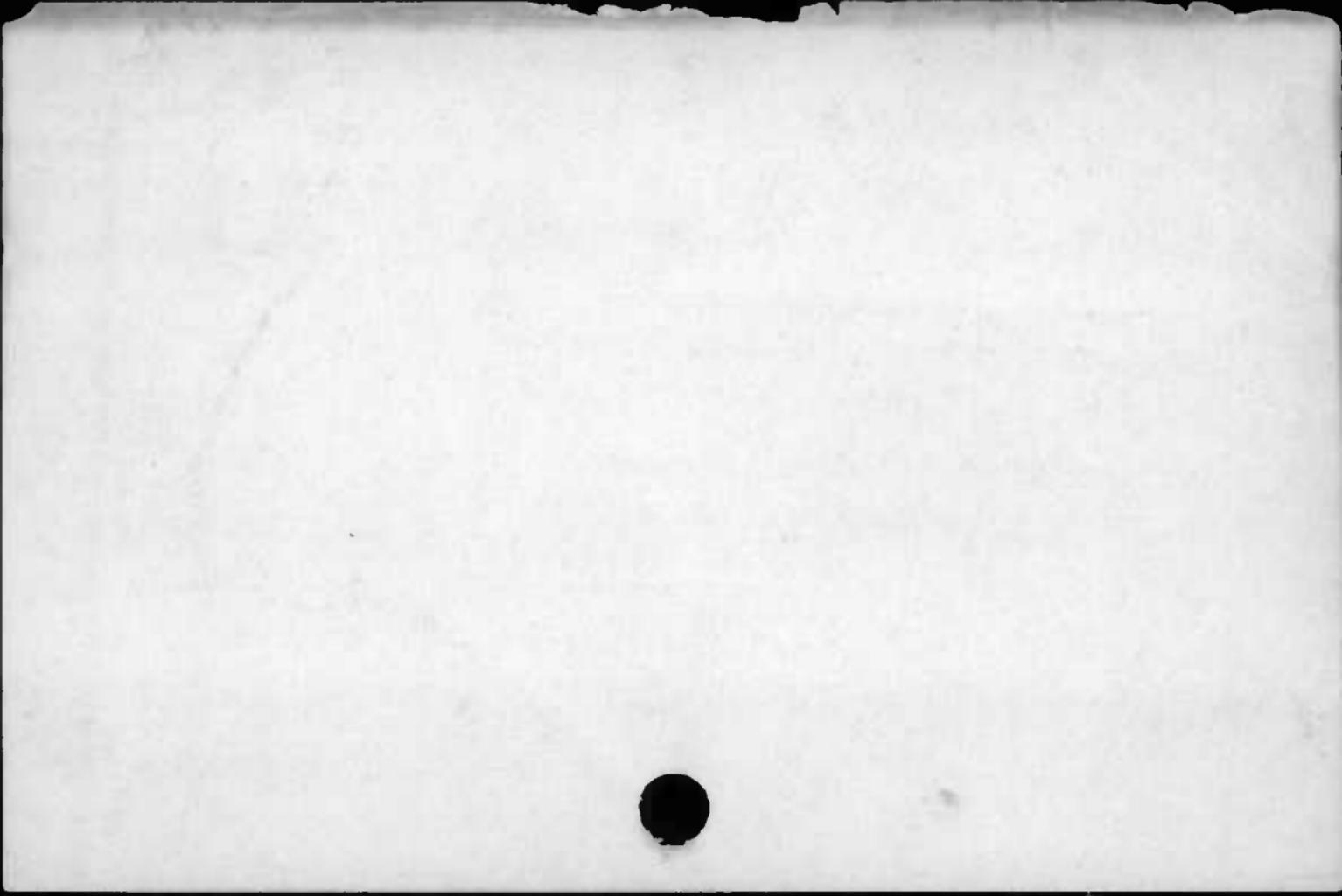
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

8 Brooklyn Brothers



Name
in
Full

Mary Anne Callow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
6 March	March	14	—	3	—
Sex	Color or Race	Occupation			
Female	colored	—			
Married, Single or Widowed	—	—			
Name of Wife or Husband	—	—			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
Lou Sanders	Calvert Co.				
Lou Sanders	Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(Q3)

How long

8 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

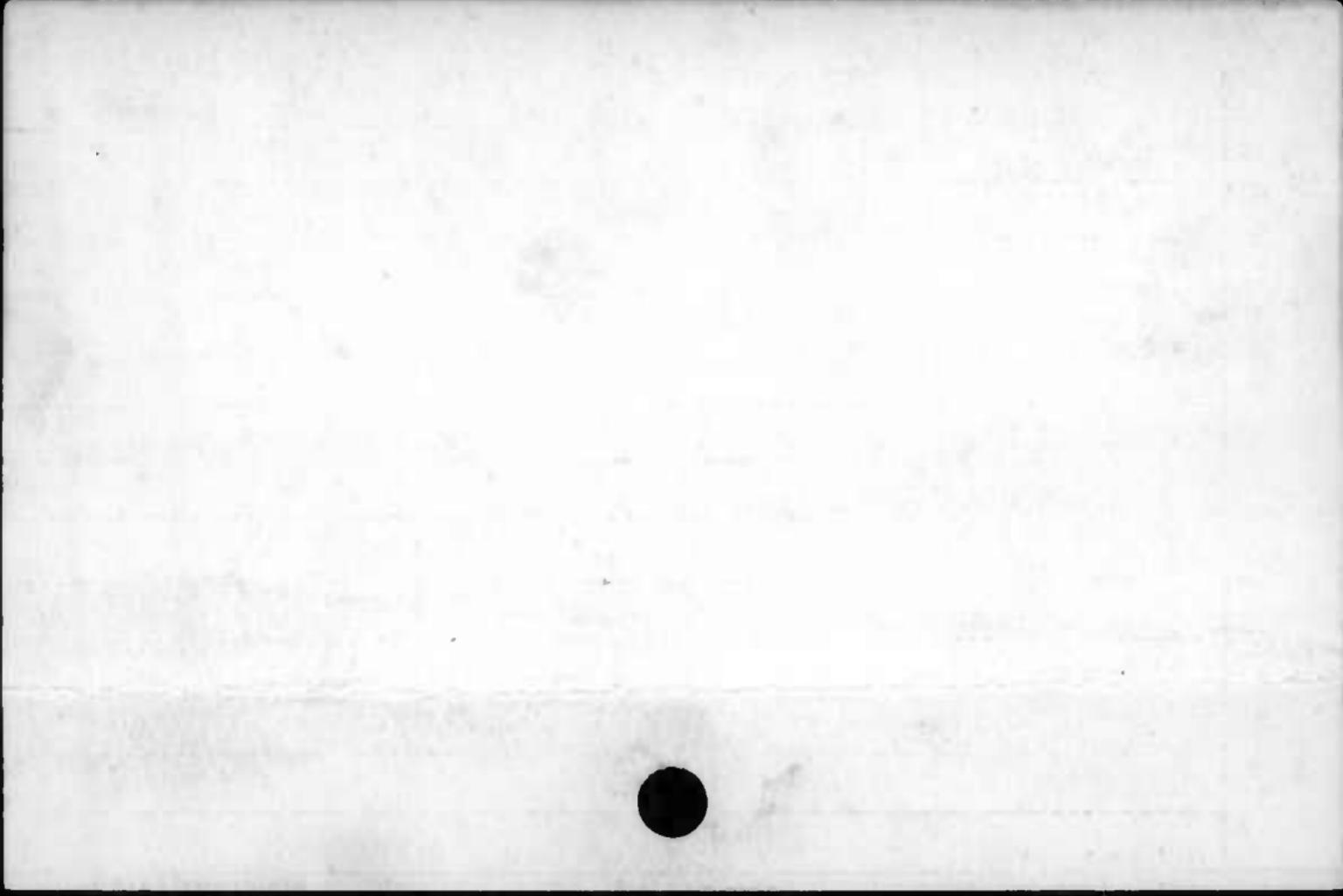
Yes

Signature of
Physician

Address

Thos. W. Chany
Chany M.D.

Accident or Suicide?



Name
in
Full

Angie Virginia Curr
Port Republic MD Cal Co

48
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
190	MAR	16	1 18
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Occupation: *Housewife*

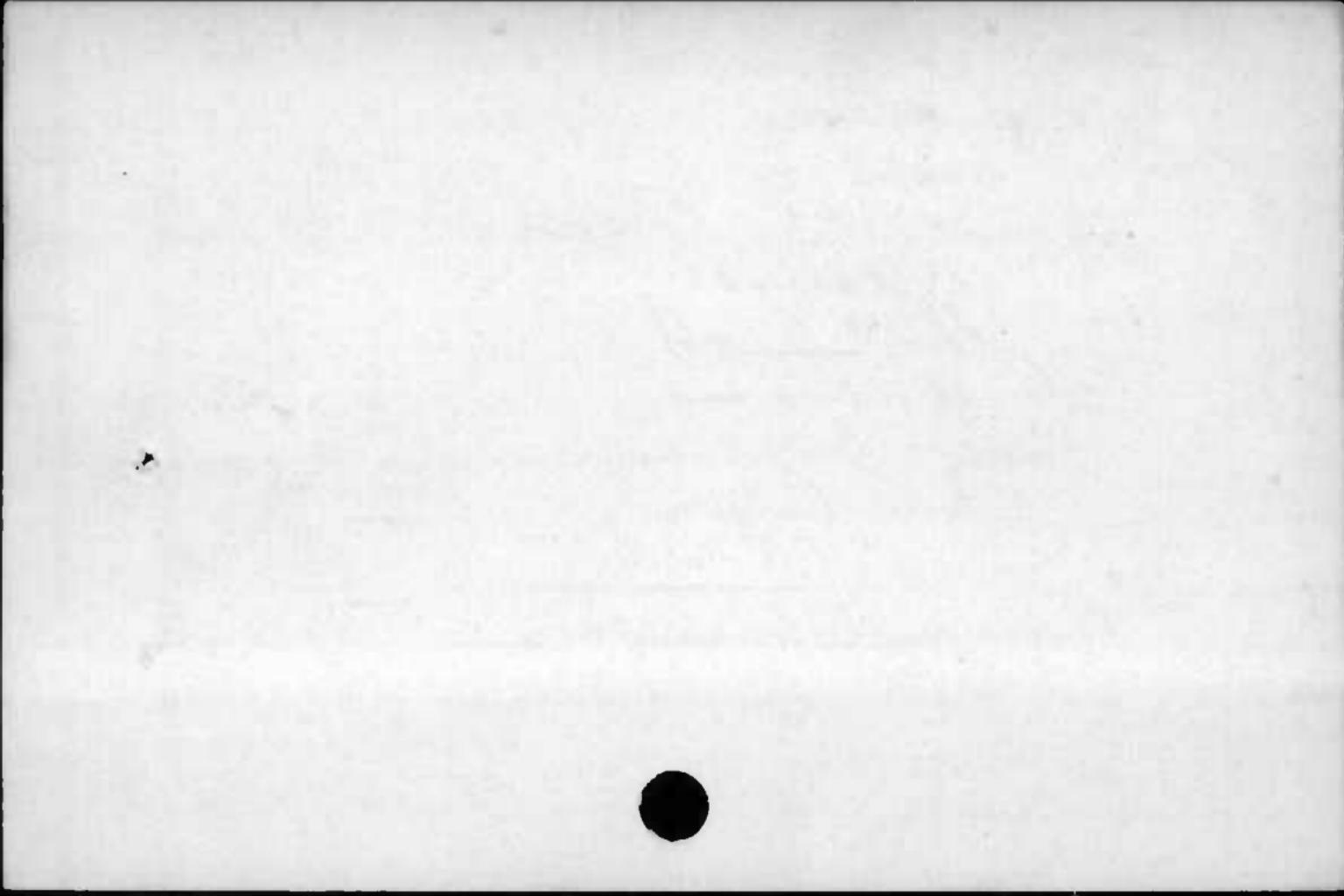
Name of Wife or Husband: *Edward Curr*

Father's Name: *Edward Curr*

Mother's Maiden Name: *Virginia Mary Wallace*

Name of person giving information: *her mother*

PHYSICIAN OR CORONER	CAUSES OF DEATH		
	Primary	(93)	How long
Penumonia		How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
I am Dr. Curr	Address		
Accident or Suicide?	✓		



Name
in
Full

Mrs Lee Gray

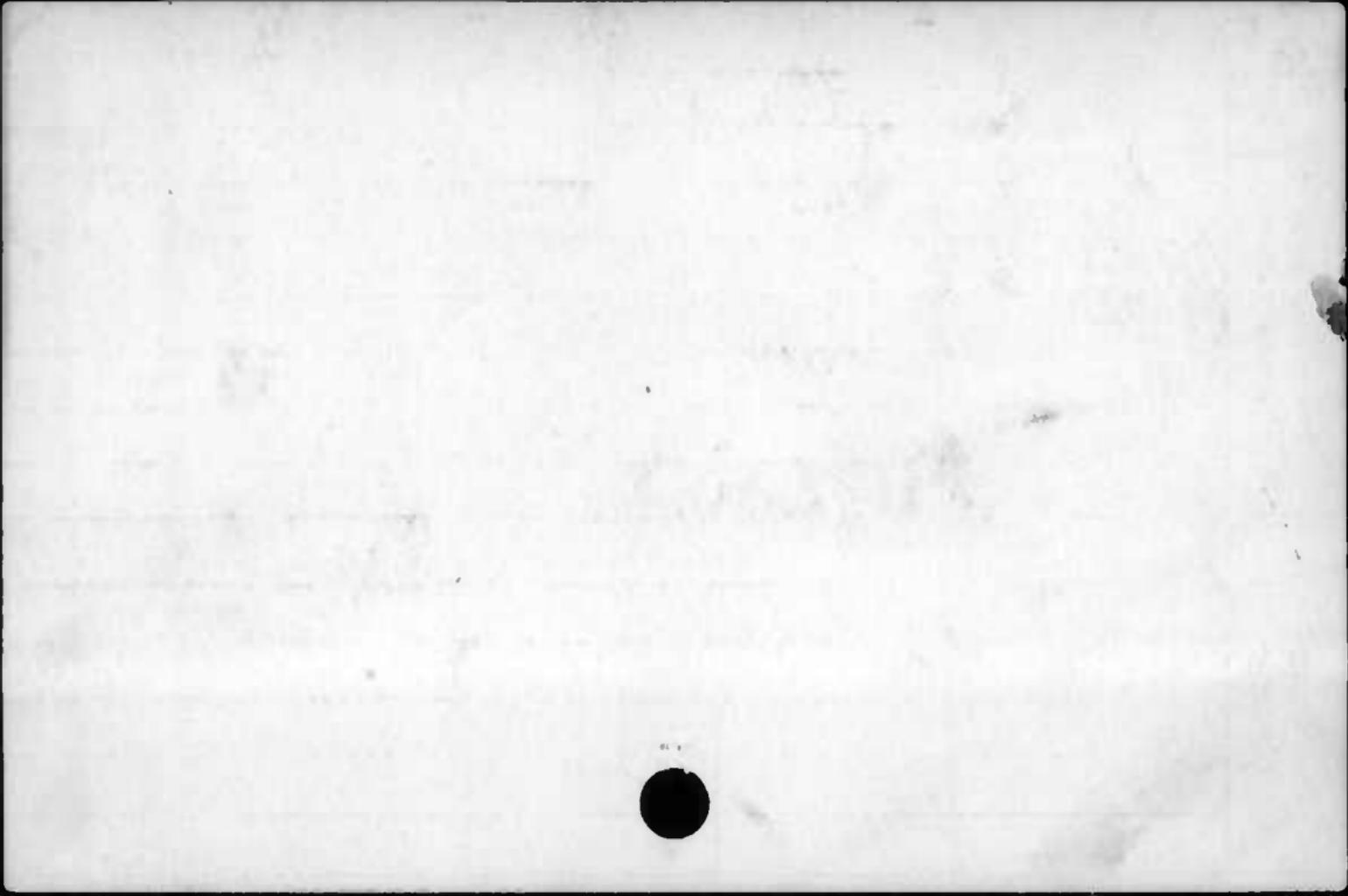
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month March	Day 17	Age 27	Years	Months Days
Sex Female	Color of Race	Occupation	Birth-place Dr. George's Md.		
Married, Single or Widowed Widowed					
Name of Wife or Husband Tho. Gray					
Father's Name b. Williams	Father's Birthplace Dr. George's Md.				
Mother's Maiden Name Native Country	Mother's Birthplace " " "				
Name of person giving Information James Wilson	How related to deceased Bro. in Law				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long 8 mos.
	Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. M. Chany,
		Address Chany, Md.
Accident or Suicide?		

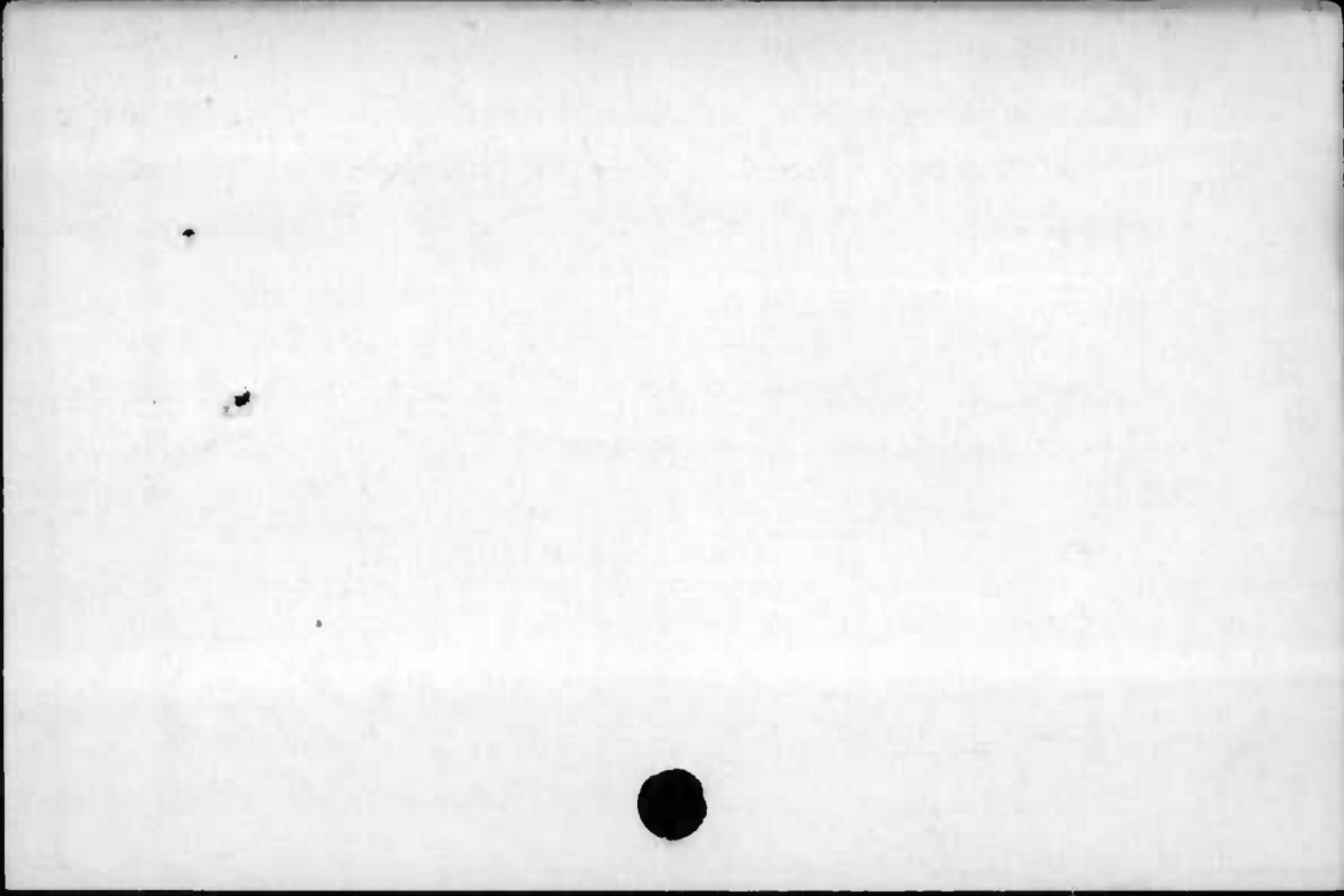


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	CERTIFICATE OF DEATH		
Died at	Port Republic		Calvert	3/4 P.M.	80	47
Date of death	March 1906	Month	Day	Age	Years	Days
Sex		Color or Race		66	4	0
Occupation	Houskeeping	Where Residing if not at place of death			Birth-place	
Married, Single or Widowed		Name of Wife or Husband			Father's Birthplace	Calvert Co
Father's Name	John Morell				Mother's Birthplace	Calvert Co
Mother's Maiden Name	Rebecca Boone				How related to deceased	heart disease
Name of person giving information	Gannah Dawkins				How long	
Primary	Heart disease	(79)			How long	
Immediate						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician					
John T Brooks			Address			
Accident or Suicide?						



Name
in
Full

Hypus Marguerre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

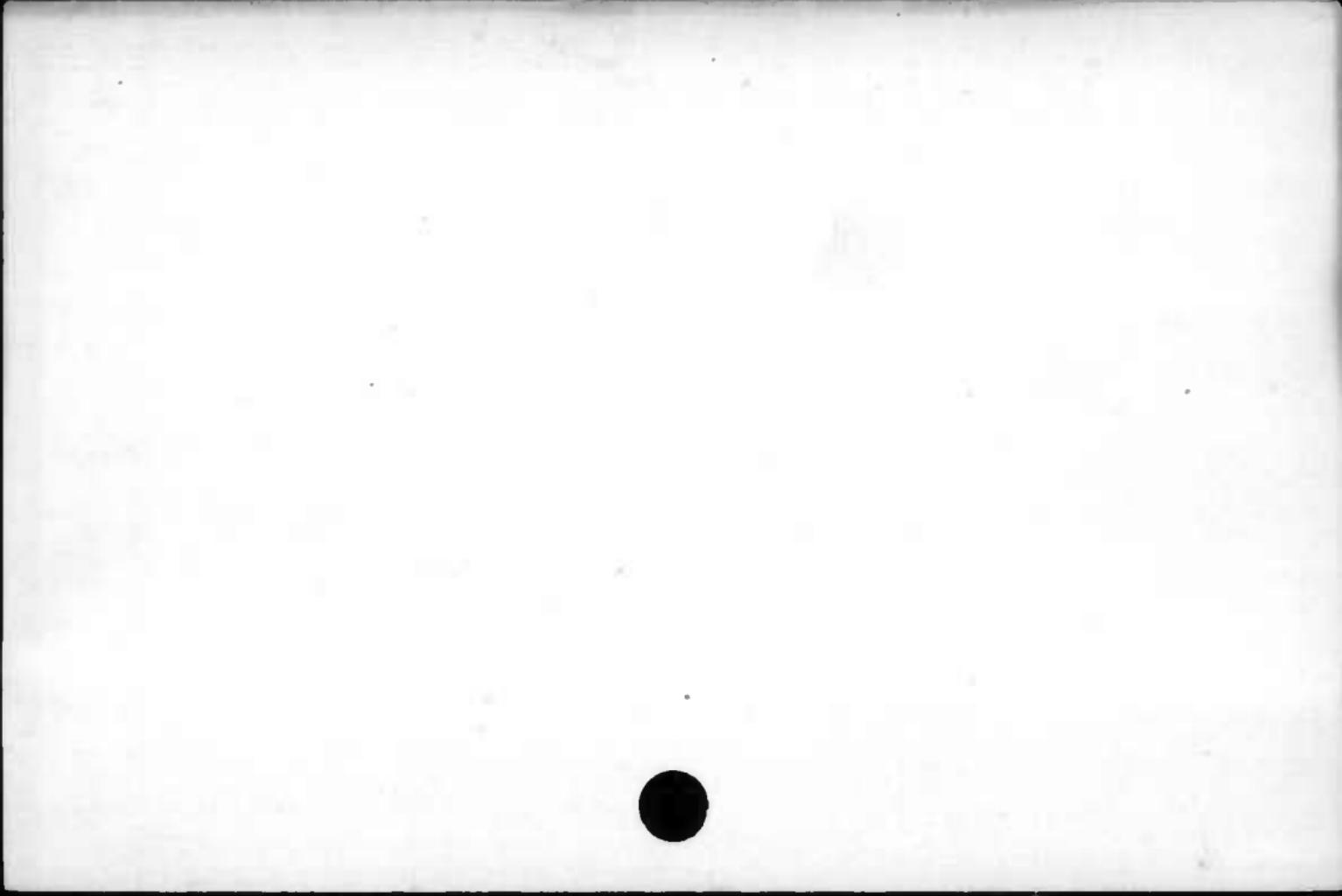
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white		Birth- place	Cal. less.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm. F. Marguerre				
Mother's Maiden Name	Emma Hickman				
Name of person giving Information	Wm. H. Ireland				
Father's Birthplace	Cal. less				
Mother's Birthplace	Baile.				
How related to deceased	None				

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long
Immediate	Exsuffition	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician

Accident or Suicide?

J.W. Leitch
Huntington Md



Name
in
Full

Adell Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Dunkirk	Calvert				
Date of death	Month	Day	Years	Months	Days
1906	Mch	29		3	
Sex	Color or Race	Age	Birth-place		
Female	Black		Cal Ad		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Peter Mitchell				
Mother's Maiden Name	Annie Groes				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	(6)	How long
Immediate	Pneumonia	(6)	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Lynn Chaney
Chaney
Md.

Accident or Suicide?



Name
in
Full

Susan Hardman Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Calvert	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace			
Mother's Maiden Name	Nellie Hardman	Mother's Name	Mother's Birthplace			
Name of person giving Information	Thos. Brooks	How related to deceased	Calvert Co			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

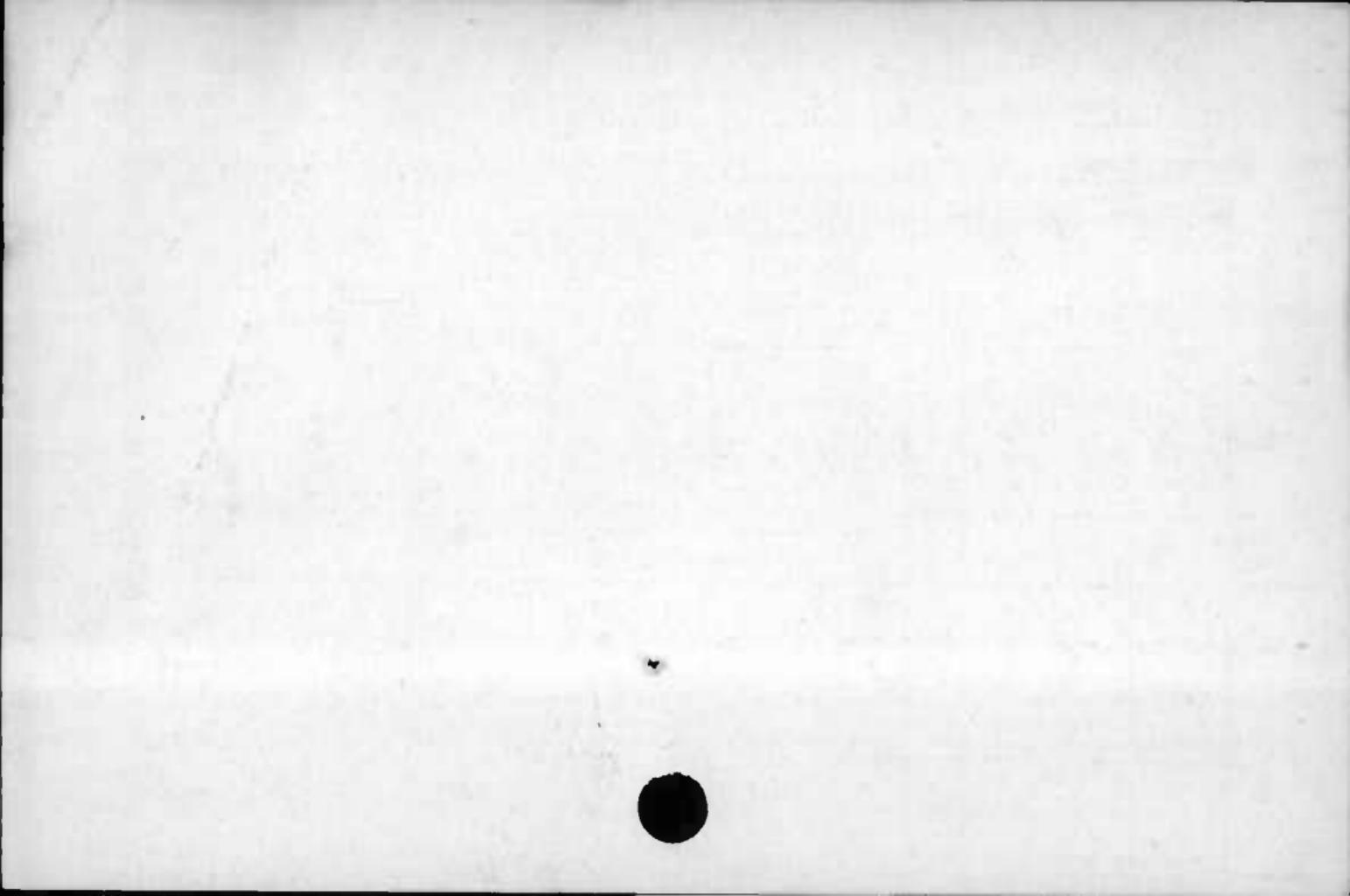
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John Brooks
Fruitland



Name
in
Full

Joseph Taylor

CERTIFICATE OF DEATH

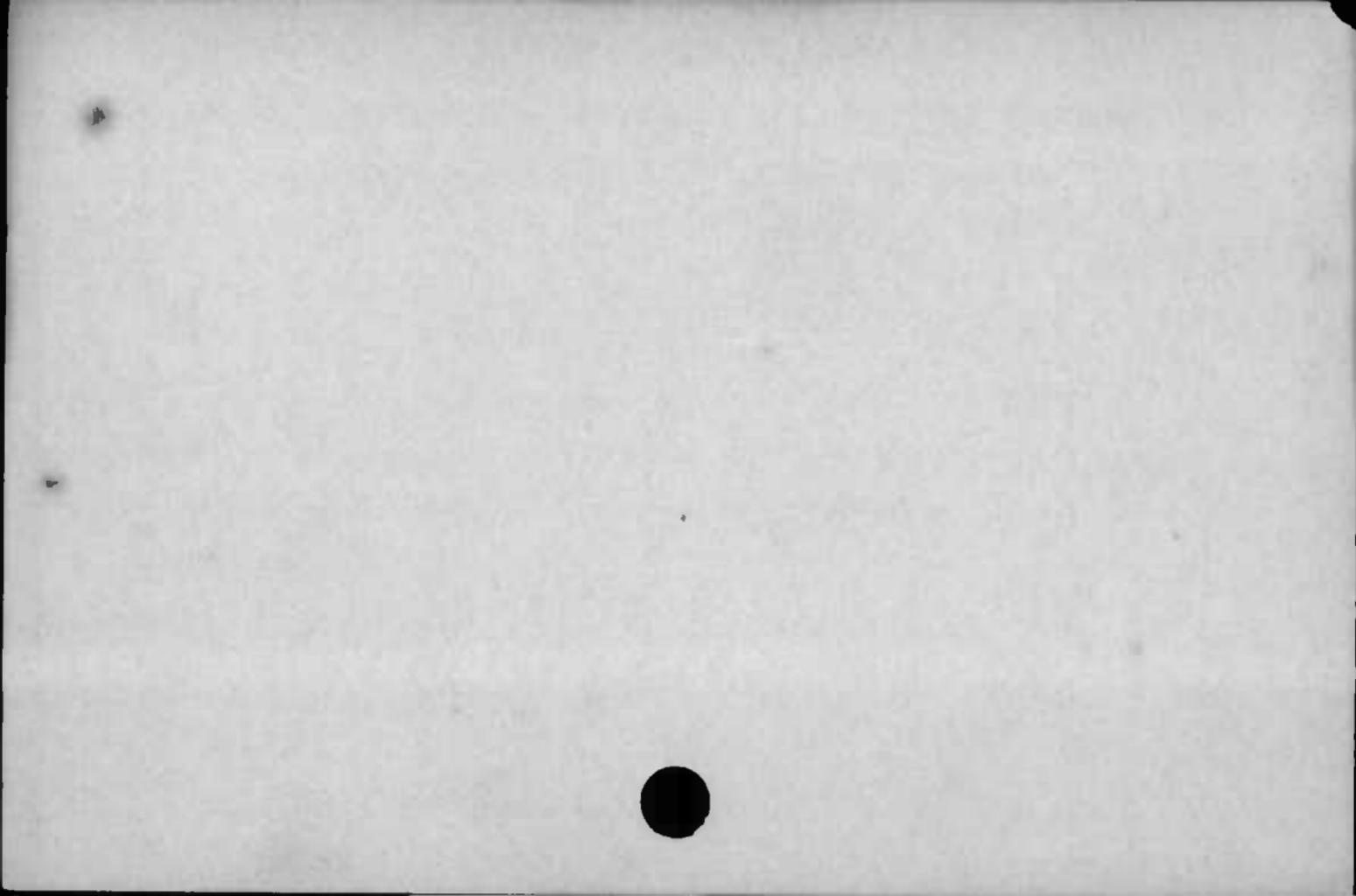
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Chaneyville	Calvert			
Date of death	Month	Day	Years	Months	Days
1906	Mar	12	Age 30		
Sex	Male	Color or Race	African	Birth-place	Calvert Co
Occupation	Farm Laborer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name or Wife or Husband	Maggie Taylor		
Father's Name	James Taylor				
Mother's Maiden Name	Charlotte Parker				
Name of person giving information	L.L. Chany				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever.	
Immediate	—	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		E.H. Hinman
	Address	Lower Marlboro
Accident or Suicide?	Md	



Name
in
Full

Major Torney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	Calvert MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age about 77		
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Hannah Purvey		
Father's Name	Alex Torney	Calvert Co		
Mother's Maiden Name	Unknown	Mother's Birthplace Unknown		
Name of person giving Information	Moses Torney	How related to deceased Son		

PHYSICIAN
OR CORONER

Primary

Lung & Bronchitis
Emphysema

(10)

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr - Chambers
Lusby 2nd
Calvert Co -

Accident or Suicide?



Name
in
Full

Still born Infant

Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date
of death 190

Month

Day

Years

Months

Days

Age

Sex

Female

Color or
Race

White

Birth-
place

Chesapeake Bay

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Tom R Tucker S

Father's
Birthplace

va

Mother's
Maiden Name

Alma Catherston

Mother's
Birthplace

Md

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Suffocat-Labor

How long

Immediate

Compression of cord

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J L Braysman
Friendship
Md

PHYSICIAN
OR CORONER

Accident or Suicide?

